

P2100004SLZ

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : TAX CARE DORAL  
Account Number : I20190000008  
Phone : (786)845-8854  
Fax Number : (321)473-3052

2021 FEB 17 AM 8:30

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
21 GLOBAL STUDIO INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2021 FEB 17 PM 2:13

J. FASON  
FEB 18 2021

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** 21 GLOBAL STUDIO INC  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** GABRIEL HATEM  
Name (Printed or typed)

1111 LINCOLN RD SUITE 500  
Address

MIAMI BEACH, FL 33139  
City, State & Zip

(786)8458854  
Daytime Telephone number

SUNBIZREG@TAXCAREINC.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: 21 GLOBAL STUDIO INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1111 LINCOLN RD SUITE 500

MIAMI BEACH, FL 33139

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ENTERTAINMENT SERVICES

2011 FEB 17 AM 8:30

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Greivis Vázquez, President

Name and Title: Gabriel Hatem, Director

Address 1111 LINCOLN ROAD SUITE 500  
MIAMI BEACH FL, 33139

Address: 1111 LINCOLN ROAD SUITE 500  
MIAMI BEACH FL, 33139

Name and Title: Carlos Beltran, Vice - President

Name and Title: Lillie Pena, Vice - Director

Address 1111 LINCOLN ROAD SUITE 500  
MIAMI BEACH FL, 33139

Address: 1111 LINCOLN ROAD SUITE 500  
MIAMI BEACH FL, 33139

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TAX CARE MIAMI BEACH  
 Address: 1111 LINCOLN ROAD SUITE 500  
MIAMI BEACH FL, 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GABRIEL HATEM  
 Address: 1111 LINCOLN ROAD SUITE 500  
MIAMI BEACH FL, 33139

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
 Required Signature/Registered Agent 02/15/2021  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
 Required Signature/Incorporator 02/15/2021  
Date